FORM S3

SID | M | 8 | 6 | 0 | 3 |

IN CONFIDENCE

AUSTRALIAN BUREAU OF STATISTICS

POPULATION SURVEY

MARCH 1986

1. SURVEY 6 8
   - PSU
   - BLOCK
   - DWELLING
   - HOUSEHOLD
   - PERSON

2. SEX
   - Male 1
   - Female 2

3. AGE
   - YEARS

4. MARITAL STATUS
   - Married 1
   - Separated 2
   - Divorced 3
   - Widowed 4
   - Never married 5

5. S.D. ONLY
   - S.D. Institutionalised person *(No more questions)* 1
   - S.D. Boarding school pupil *(No more questions)* 2
   - S.D. Other 3

6. COUNTRY OF BIRTH
   - Australia *(Go to Q.8)* 01
   - U.K. and Ireland 02
   - Italy 03
   - Greece 04
   - Yugoslavia 05
   - Holland 06
   - Germany 07
   - New Zealand 08
   - Other . . . . .

7. YEAR OF ARRIVAL

8. SCHOOL ATTENDANCE *(If age 15 to 20)*
   - Date of leaving school *(month and year)* — month | year
   - Still attending . . 1111

9. PERSON TYPE
   - Usual resident of P.D. *(Go to Q.11, complete Q.12 to Q.15 when editing)* 1
   - Visitor to P.D. 2
   - S.D. 3

10. WHAT IS THE POSTCODE OF THE SUBURB OR TOWN WHERE ..... USUALLY LIVES?

    A. *If respondent knows postcode, enter in boxes below* 1

    If respondent does not know postcode, ask for:— 2

    Suburb .....

    City/Town .....

    State .....

    When editing, enter postcode in boxes below.

    Not known 3

    B. Postcode

11. **I WOULD LIKE TO ASK YOU ABOUT THE WEEK STARTING MONDAY THE ..... AND ENDING LAST SUNDAY THE ..... THAT IS, LAST WEEK**

    (Go to Q.17)

12. HOUSEHOLD TYPE
    - 1 *(Nothing further)* 1
    - 2 2
    - 3 3
    - 4 4
    - 5 5
    - 6 *(Complete Q.14)* 6
    - 7 *(Complete Q.14)* 7
    - 8 *(Complete Q.14)* 8
    - 9 *(Nothing further)* 9

13. Husband *(Complete Q.15)* . . 1
    - Wife *(Nothing further)* . . 2
    - Son/daughter *(Nothing further)* 3

14. Father/mother 1
    - Son/daughter *(Nothing further)* 2

15. *If Household Type 2, 3 or 6 in Q.12, nothing further.*

    If Household Type 4, 5, 7 or 8 in Q.12, enter number of children aged 0 to 14 years

16. OFFICE USE ONLY
    - Relationship . . . . A
    - Family No. . . . . B
    - Children 0-14 years . . C
    - UR scope/coverage exclusion . . . . . D
    - Incomplete H/H, L/U . . E
    - Schedule, initial response . . F
    - Schedule, final response . . G
    - H

FORM S3

17. LAST WEEK, DID ..... DO ANY WORK AT ALL IN A JOB, BUSINESS OR FARM?
- Yes *(Go to Q.19)* 1
- No 2
- Permanently unable to work *(Go to Q.102)* 3

18. LAST WEEK, DID ..... DO ANY WORK WITHOUT PAY IN A FAMILY BUSINESS?
- Yes 1
- No *(Go to Q.38)* 2

19. DID ..... HAVE MORE THAN ONE JOB LAST WEEK?
- Yes *(Go to Q.22)* 1
- No 2

20. WHAT KIND OF WORK DID ..... DO?

.....

.....

.....

21. *Go to Q.28*

22. WAS THAT BECAUSE ..... CHANGED JOBS DURING THE WEEK?
- Yes 1
- No *(Go to Q.25)* 2

23. WHAT KIND OF WORK DOES ..... DO NOW?

.....

.....

.....

24. *Go to Q.27*

25. WHAT KIND OF WORK DOES ..... DO IN EACH OF ..... JOBS?

Job 1: .....

.....

.....

Job 2: .....

.....

.....

26. IN WHICH JOB DOES ..... USUALLY WORK THE MOST HOURS?
- Job 1 in Q.25 ○
- Job 2 in Q.25 ○

27. I WOULD NOW LIKE TO ASK YOU ABOUT THAT JOB.

28. DID ..... WORK —
- FOR AN EMPLOYER FOR WAGES OR SALARY? *(Go to Q.30)* 1
- IN ..... OWN BUSINESS WITH EMPLOYEES? . . 2
- WITH NO EMPLOYEES?. . 3
- WITHOUT PAY IN A FAMILY BUSINESS? *(Go to Q.30)* 4
- WHAT ARE ..... WORKING ARRANGEMENTS? Payment in kind *(Go to Q.30)* 5
- Unpaid voluntary work *(Go to Q.62)* 6

29A. IS ..... BUSINESS A LIMITED LIABILITY COMPANY?
- Yes 1
- No 2

B. WHAT IS THE FULL NAME AND ADDRESS OF ..... BUSINESS?

.....

.....

.....

C. *Go to Q.31*

30. WHO DID ..... WORK FOR? (Name/Full address)

.....

.....

.....

31. WHAT KIND OF INDUSTRY, BUSINESS, OR SERVICE IS CARRIED OUT AT THAT ADDRESS?

.....

.....

32A. ON WHICH DAYS DID ..... WORK LAST WEEK (IN ALL JOBS)?

	Yes	No		Yes	No
MON	○	○	SAT	○	○
TUE	○	○	SUN	○	○
WED	○	○			
THU	○	○			
FRI	○	○			

B. DID ..... HAVE ANY TIME OFF FROM ..... JOB(S) ON THOSE DAYS? ○ ○

C. DID ..... WORK ANY PAID OR UNPAID OVERTIME ON ANY DAY LAST WEEK?
- Yes 1
- No 2
- Other 3

D. HOW MANY HOURS DID ..... ACTUALLY WORK LAST WEEK (LESS THE TIME OFF) (BUT) (COUNTING THE OVERTIME)?
- 35 hours or more *(Go to Q.114)* . . . . . [ ][ ]
- 15-34 hours *(Go to Q.34)* [ ][ ]
- 1-14 hours. . . . . [ ][ ]
- Less than 1 hour *(Go to Q.51)* 98
- No hours *(Go to Q.51)* . . 99

33. *Sequence Guide*
- *. If worked "without pay in a family business" (i.e. code '4' in Q.28), go to Q.62* 1
- *. Otherwise, go to Q.34* . . 2

34. IN (THAT JOB/THOSE JOBS) DOES ..... USUALLY WORK LESS THAN 35 HOURS A WEEK?
- Yes 1
- No *(Go to Q.36)* 2

35. WOULD ..... PREFER A JOB IN WHICH ..... WORKED MORE HOURS A WEEK?
- Yes *(Go to Q.61)* 1
- No *(Go to Q.114)* 2
- Don't know *(Go to Q.114)* 3

36. WHY DID ..... WORK LESS THAN 35 HOURS LAST WEEK?
- Own illness or injury 1
- Leave, holiday or flextime/ personal reasons 2
- Began job during week . . 3
- Left/lost job during week . . 4
- On strike/locked out 5
- Bad weather/breakdown . . 6
- Stood down/on short time/ insufficient work 7
- Shift work/standard work arrangements 8
- Other .....

.....

..... 9

37. *Go to Q.114*

FORM S3

38. DID ..... HAVE A JOB, BUSINESS OR FARM THAT ..... WAS AWAY FROM BECAUSE OF HOLIDAYS, SICKNESS OR ANY OTHER REASON?

- Yes 1
- No *(Go to Q.62)* 2

39. DID ..... HAVE MORE THAN ONE JOB?

- Yes *(Go to Q.42)* 1
- No 2

40. WHAT KIND OF WORK DOES ..... DO?

.....

.....

.....

41. *Go to Q.45*

42. WHAT KIND OF WORK DOES ..... DO IN EACH OF ..... JOBS?

Job 1: .....

.....

.....

Job 2: .....

.....

.....

43. IN WHICH JOB DOES ..... USUALLY WORK THE MOST HOURS?

- Job 1 in Q.42 ◯
- Job 2 in Q.42 ◯

44. I WOULD NOW LIKE TO ASK YOU ABOUT THAT JOB.

45. WHO DOES ..... WORK FOR? (Name/Full address)

.....

.....

.....

46. WHAT KIND OF INDUSTRY, BUSINESS, OR SERVICE IS CARRIED OUT AT THAT ADDRESS?

.....

.....

.....

47. DOES ..... WORK —

- FOR AN EMPLOYER FOR WAGES OR SALARY? *(Go to Q.51)* 1
- IN ..... OWN BUSINESS WITH EMPLOYEES? . . 2
- WITH NO EMPLOYEES? . . 3
- WITHOUT PAY IN A FAMILY BUSINESS? *(Go to Q.62)* 4
- WHAT ARE ..... WORKING ARRANGEMENTS?
  - Payment in kind *(Go to Q.51)* 5
  - Unpaid voluntary work *(Go to Q.62)* 6

48. IS ..... BUSINESS A LIMITED LIABILITY COMPANY?

- Yes *(Go to Q.51)* 1
- No 2

49. WHY WAS ..... AWAY FROM WORK LAST WEEK?

- Own illness or injury 1
- Holiday/personal reasons . . 2
- No work available 3
- Bad weather/breakdown . . 4
- On strike/locked out 5
- Other .....
  .....
  6

50. *Go to Q.59*

51. WHY WAS ..... AWAY FROM WORK LAST WEEK?

- Own illness or injury 1
- Leave, holiday or flextime/personal reasons *(Go to Q.57)* 2
- Bad weather/breakdown *(Go to Q.57)* 3
- Stood down *(Go to Q.54)* . . 4
- No work/insufficient work *(Go to Q.55)* 5
- On strike/locked out *(Go to Q.59)* 6
- Usually works less than 1 hour a week/began job/lost job *(Go to Q.62)* 7
- Other *(Go to Q.57)* .....
  .....
  8

52. WAS ..... ON WORKERS' COMPENSATION LAST WEEK?

- Yes 1
- No *(Go to Q.57)* 2

53. WILL ..... BE RETURNING TO WORK FOR ..... EMPLOYER?

- Yes *(Go to Q.59)* 1
- No *(Go to Q.62)* 2
- Don't know *(Go to Q.62)* . . 3

54. WHY WAS ..... STOOD DOWN?

- Bad weather/breakdown *(Go to Q.57)* 1
- Other 2

55. WAS ..... PAID OR WILL ..... BE PAID FOR ANY OF LAST WEEK?

- Yes *(Go to Q.59)* 1
- No 2

56. HOW LONG HAS ..... BEEN AWAY FROM WORK WITHOUT PAY?

- One week *(Go to Q.59)* . . 1
- Two weeks *(Go to Q.59)* . . 2
- Three weeks *(Go to Q.59)* . . 3
- Four weeks or more *(Go to Q.62)* 4

57. UP UNTIL THE END OF LAST WEEK, HOW LONG HAD ..... BEEN AWAY FROM WORK?

- Less than 4 weeks *(Go to Q.59)* 1
- 4 weeks or more 2

58. WAS ..... PAID OR WILL ..... BE PAID FOR ANY PART OF THE LAST FOUR WEEKS?

- Yes 1
- No *(Go to Q.62)* 2

59. HOW MANY HOURS A WEEK DOES ..... USUALLY WORK IN (ALL) ..... JOB(S)?

- 35 hours or more *(Go to Q.114)* 1
- 1-34 hours 2
- No hours *(Go to Q.62)* . . 3

60. WOULD ..... PREFER A JOB IN WHICH ..... WORKED MORE HOURS A WEEK?

- Yes 1
- No *(Go to Q.114)* 2
- Don't know *(Go to Q.114)* 3

61. AT ANY TIME DURING THE LAST 4 WEEKS HAS ..... BEEN LOOKING FOR FULL-TIME WORK?

- Yes *(Go to Q.64)* 1
- No *(Go to Q.114)* 2

FORM S3

62. AT ANY TIME DURING THE LAST 4 WEEKS HAS ..... BEEN LOOKING FOR FULL-TIME WORK?

Yes *(Go to Q.64)* . . . . [ ] 1

No . . . . . [ ] 2

63. HAS ..... BEEN LOOKING FOR PART-TIME WORK AT ANY TIME DURING THE LAST 4 WEEKS?

Yes . . . . . [ ] 1

No *(Go to Q.78)* . . [ ] 2

64. AT ANY TIME IN THE LAST 4 WEEKS HAS .....

WRITTEN, PHONED OR APPLIED IN PERSON TO AN EMPLOYER FOR WORK? . . . . . [ ] 01

ANSWERED A NEWSPAPER ADVERTISEMENT FOR A JOB? . . . . . [ ] 02

LOOKED IN NEWSPAPERS?

Yes ○

No ○

CHECKED FACTORY OR COMMONWEALTH EMPLOYMENT SERVICE NOTICE BOARDS? . . . . [ ] 03

AT ANY TIME IN THE LAST 4 WEEKS HAS .....

BEEN REGISTERED WITH THE COMMONWEALTH EMPLOYMENT SERVICE? [ ] 04

CHECKED OR REGISTERED WITH ANY OTHER EMPLOYMENT AGENCY? [ ] 05

DONE ANYTHING ELSE TO FIND A JOB?

Advertised or tendered for work . . . . . [ ] 06

Contacted friends/relatives . . [ ] 07

Other *(Go to Q.78)*

.....

.....

..... [ ] 08

Only looked in newspapers *(Go to Q.78)* . . . . . [ ] 09

None of these *(Go to Q.78)* . . . . . [ ] 10

65. *Sequence Guide*

. *If works and looking for full-time work (i.e. '1' in Q.61), go to Q.114* . . . . [ ] 1

. *Otherwise, go to Q.66* . . [ ] 2

66. IF ..... HAD FOUND A (PART-TIME) JOB COULD ..... HAVE STARTED WORK LAST WEEK?

Yes *(Go to Q.71)* . . . . [ ] 1

No . . . . . [ ] 2

Don't know *(Go to Q.71)* . . [ ] 3

67. WHAT WERE THE REASONS ..... COULD NOT HAVE STARTED WORK LAST WEEK?

Own illness or injury . . . . [ ] 1

Going to school *(Go to Q.82)* . . . . . [ ] 2

Going to a tertiary institution *(Go to Q.82)* . . . . . [ ] 3

Personal reasons, family responsibilities *(Go to Q.82)* . . . . . [ ] 4

Waiting to start job *(Go to Q.69)* . . . . . [ ] 5

Other *(Go to Q.82)*

..... [ ] 6

68. UP UNTIL THE END OF LAST WEEK HOW LONG HAD ..... BEEN ILL?

Less than 4 weeks *(Go to Q.71)* [ ] 1

4 weeks or more *(Go to Q.82)* . . . . . [ ] 2

69. WHEN WILL ..... BE STARTING WORK IN THAT JOB?

Less than 4 weeks . . . . [ ] 1

4 weeks or more *(Go to Q.81)* . . . . . [ ] 2

70. IF THE JOB HAD BEEN AVAILABLE LAST WEEK, WOULD ..... HAVE STARTED THEN?

Yes . . . . . [ ] 1

No *(Go to Q.101)* . . . . [ ] 2

71. WHEN DID ..... BEGIN LOOKING FOR WORK?

.....

Less than 2 weeks . . . . [ ] 001

No. of weeks . . [ ][ ][ ]

72. HOW LONG AGO IS IT SINCE ..... LAST WORKED FULL-TIME FOR TWO WEEKS OR MORE?

.....

Under 2 years (no. of weeks) [ ][ ][ ]

2 years or more *(Go to Q.114)* . . . . . [ ] 104

Never worked *(Go to Q.114)* . . . . . [ ] 999

73. WHAT KIND OF WORK DID ..... DO?

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.....

.....

[ ][ ][ ]

74. WHO DID ..... WORK FOR? (Name/Full address)

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.....

.....

75. WHAT KIND OF INDUSTRY, BUSINESS OR SERVICE WAS CARRIED OUT AT THAT ADDRESS?

.....

.....

.....

[ ][ ][ ]

76. DID ..... WORK —

FOR AN EMPLOYER FOR WAGES OR SALARY? *(Go to Q.114)* . . . . . [ ] 1

IN OWN BUSINESS — WITH EMPLOYEES? . . [ ] 2

WITH NO EMPLOYEES?. . [ ] 3

WITHOUT PAY IN A FAMILY BUSINESS? *(Go to Q.114)* . . . . . [ ] 4

WHAT WERE ..... WORKING ARRANGEMENTS?

Payment in kind *(Go to Q.114)* . . . . . [ ] 5

Unpaid voluntary work *(Go to Q.114)* . . . . . [ ] 6

77. WAS ..... BUSINESS A LIMITED LIABILITY COMPANY?

Yes *(Go to Q.114)* . . . [ ] 1

No *(Go to Q.114)* . . . . [ ] 2

78. *Sequence Guide*

. *If works and looking for full-time work ('1' in Q.61), go to Q.114* 1

. *If '4' in Q.56 or '2' in Q.58, go to Q.79* 2

. *If '2' in Q.63, go to Q.88* . . 3

. *Otherwise, go to Q.91A* . . 4

79. WILL ..... GO BACK TO WORK WITHIN THE NEXT FOUR WEEKS?

Yes *(Go to Q.83)* 1

No 2

Don't know 3

80. WOULD ..... BE AVAILABLE TO DO SOME OTHER WORK IN THE NEXT FOUR WEEKS, IF IT WAS OFFERED?

Yes *(Go to Q.83)* 1

No *(Go to Q.83)* 2

Don't know *(Go to Q.83)* . . 3

81. WOULD ..... START WORK WITHIN THE NEXT FOUR WEEKS IF THE JOB WAS AVAILABLE?

Yes *(Go to Q.101)* 1

No *(Go to Q.83)* 2

Don't know *(Go to Q.101)* . . 3

82. IF ..... FOUND A JOB COULD ..... START WITHIN THE NEXT FOUR WEEKS?

Yes *(Go to Q.100)* 1

No *(Go to Q.100)* 2

Don't know *(Go to Q.100)* . . 3

83. WOULD ..... PREFER TO WORK FULL-TIME OR PART-TIME?

Full-time 1

Part-time 2

No preference 3

84. *Sequence Guide*

. *If Q.81 answered, go to Q.93* 1

. *Otherwise, go to Q.85* . . 2

85. WHAT KIND OF WORK DOES ..... DO IN ..... CURRENT JOB OR BUSINESS?

.....

.....

86. IS ..... JOB FULL-TIME OR PART-TIME?

Full-time 1

Part-time 2

Varies/don't know 3

87. *Sequence Guide*

. *If '2' in Q.80, go to Q.93* . . 1

. *Otherwise, go to Q.108* 2

88. EVEN THOUGH ..... IS NOT LOOKING FOR WORK, WOULD ..... LIKE A FULL-TIME OR PART-TIME JOB?

Yes *(Go to Q.91A)* 1

Maybe, it depends *(Go to Q.91A)* 2

No 3

Don't know 4

89. *Sequence Guide*

. *If responsible for any child(ren) under 12 (as listed on HF/SDF), go to Q.90* . . 1

Otherwise, go to Q.102 . . 2

90. IF ..... HAD CARE ARRANGEMENTS FOR ..... CHILD(REN) UNDER 12, WOULD ..... LIKE A JOB?

Yes *(Go to Q.91B)* 1

Maybe, it depends *(Go to Q.91B)* 2

No *(Go to Q.102)* 3

Don't know *(Go to Q.102)* . . 4

91A. IF ..... WAS OFFERED A JOB, COULD ..... START WORK IN THE NEXT FOUR WEEKS?

91B. IF ..... HAD CHILD CARE AVAILABLE AND WAS OFFERED A JOB, COULD ..... START WORK IN THE NEXT FOUR WEEKS?

Yes 1

No *(Go to Q.93)* 2

Don't know 3

92. *Sequence Guide*

. *If Q.90 answered, go to Q.95* 1

. *If '08', '09' or '10' in Q.64, go to Q.96B* 2

. *Otherwise, go to Q.96A* . . 3

93. WHAT ARE THE REASONS ..... COULD NOT START WORK WITHIN THE NEXT FOUR WEEKS?

Personal Reasons —

Own ill health, physical disability or pregnancy . . 1

Studying/returning to studies

— at school 2

— at some other educational institution 3

Moved house/holidays . . 4

Family Reasons

Ill health of other than self . . 5

Unable to find suitable child care 6

Children too young/prefers to look after children . . 7

Other reasons *(Specify)*

.....

..... 8

94. *Sequence Guide*

. *If Q.81 answered, go to Q.102* 1

. *If Q.79 answered, go to Q.108* 2

. *Otherwise, go to Q.100* . . 3

95. APART FROM CHILD CARE ARRANGEMENTS, WHAT ARE THE REASONS ..... IS NOT LOOKING FOR WORK NOW?

No other reason *(Go to Q.100)* ☐ 1

Other *(Code response(s) in Q.96)* . . . . . ☐ 2

96A. WHAT ARE ALL THE REASONS ..... IS NOT LOOKING FOR WORK NOW?

96B. WHAT ARE ALL THE REASONS ..... HAS NOT TAKEN ANY OTHER STEPS TO FIND WORK?

.....

.....

.....

Interviewer: Code response(s) below and then for codes 02-18 only ask —

ARE THERE ANY OTHER REASONS?

If there are other reasons, code them below also.

Has a job to go to *(Go to Q.99)* . . . . *(a)* ☐ 01

Personal Reasons

Own ill health, physical disability or pregnancy *(b)* ☐ 02

Studying/returning to studies . . . . . *(c)* ☐ 03

Does not need to work *(d)* ☐ 04

Give others a chance *(e)* ☐ 05

Welfare payments/ pension may be affected . . . . *(f)* ☐ 06

Moved house/holidays *(g)* ☐ 07

Family Reasons

Ill health of other than self . . . . . *(h)* ☐ 08

Unable to find suitable child care . . . . *(i)* ☐ 09

Children too young/ prefers to look after children . . . . *(j)* ☐ 10

Other family considerations . . *(k)* ☐ 11

Believes no work available or couldn't find work because:

Employers think too young or too old . . *(l)* ☐ 12

Difficulties with language or ethnic background . . . . *(m)* ☐ 13

Lacks necessary schooling, training, skills or experience . . *(n)* ☐ 14

No jobs

- in locality/line of work . . . . *(p)* ☐ 15
- in suitable hours . . *(q)* ☐ 16
- at all . . . . *(r)* ☐ 17

Other reasons . . . . *(s)* ☐ 18

Don't know *(Go to Q.99)* . . . . *(t)* ☐ 19

97. *Sequence Guide*

. *If Q.90 answered, go to Q.98A* . . . . . ☐ 1

. *If only one box ticked in Q.96, go to Q.99* . . . . ☐ 2

. *If '08', '09' or '10' in Q.64, go to Q.98B* . . . . . ☐ 3

. *Otherwise, go to Q.98C* . . ☐ 4

98A. WHICH OF THESE REASONS, INCLUDING FINDING SUITABLE CHILD CARE, IS THE MAIN REASON ..... IS NOT LOOKING FOR WORK?

98B. WHICH OF THESE REASONS IS THE MAIN REASON ..... HAS NOT TAKEN ANY OTHER STEPS TO FIND WORK?

98C. WHICH OF THESE REASONS IS THE MAIN REASON ..... IS NOT LOOKING FOR WORK?

Unable to find suitable child care . . . . ☐ 09

Other reasons *(enter code from Q.96)* . . ☐☐

99. *Sequence Guide*

. *If '01' in Q.96, go to Q.101* . . ☐ 1

. *Otherwise, go to Q.100* . . ☐ 2

100. DOES ..... INTEND TO LOOK FOR WORK IN THE NEXT 12 MONTHS?

Yes . . . . . ☐ 1

Maybe, it depends . . . . ☐ 2

No . . . . . ☐ 3

Don't know . . . . . ☐ 4

101. IF ..... DID GO TO WORK WOULD ..... PREFER TO WORK FULL-TIME OR PART-TIME?

Full-time . . . . . ☐ 1

Part-time . . . . . ☐ 2

No preference . . . . . ☐ 3

102. HOW LONG IS IT SINCE ..... WORKED FOR PAY IN ANY JOB OR BUSINESS THAT LASTED TWO WEEKS OR MORE?

- Never had a job/business for 2 weeks *(Go to Q.108)* 1
- Less than 6 months 2
- 6 months and under 1 year . . . 3
- 1 year and under 3 years . . . 4
- 3 years and under 5 years . . . 5
- 5 years and under 10 years . . . 6
- 10 years and under 20 years . . . 7
- 20 years or more *(Go to Q.107)* . . . 8

103. WHAT KIND OF WORK DID ..... DO IN THAT JOB OR BUSINESS?

.....

.....

104. IN THAT JOB DID ..... WORK FOR AN EMPLOYER FOR WAGES OR SALARY? *(Go to Q.106)* 1

- IN ..... OWN BUSINESS WITH EMPLOYEES? . . . 2
- WITH NO EMPLOYEES? . . . 3
- WITHOUT PAY IN A FAMILY BUSINESS? *(Go to Q.106)* 4
- WHAT WERE ..... WORKING ARRANGEMENTS?
  - Payment in kind *(Go to Q.106)* 5
  - Unpaid voluntary work *(Go to Q.106)* 6

105. WAS THAT BUSINESS A LIMITED LIABILITY COMPANY?

- Yes 1
- No 2

106. WAS ..... JOB FULL-TIME OR PART-TIME?

- Full-time 1
- Part-time 2
- Varied/don't know 3

107. WHY DID ..... LEAVE THAT JOB?

- Retrenched/made redundant/lost job 01
- Job was temporary or seasonal . . . 02

Interviewer: If answer is 'holiday job' ask:

DID ..... LEAVE THE JOB TO RETURN TO STUDIES?

- Returned to studies 03
- Retired/didn't want to work any longer 04
- Unsatisfactory work arrangements 05
- Own ill health or injury . . . 06
- To get married 07
- Pregnancy/to have children . . . 08
- To look after family, house or someone else 09
- Travel/moved house/spouse transferred 10
- Sold business/farm 11
- Other *(Specify)* .....
  12

108. *Sequence Guide*

- *If permanently unable to work, ('3' in Q.17), go to Q.114* 1
- *If looking for work (Q.64 answered), go to Q.111* . . . 2
- *If aged 65 years or more, and Q.91 NOT answered, go to Q.111* 3
- *If Q.79 answered, go to Q.109C* 4
- *If '2' or '3' in Q.102, go to Q.109A* 5
- *Otherwise, go to Q.109B* . . . 6

109A. HAS ..... LOOKED FOR WORK SINCE LEAVING ..... LAST JOB?

109B. HAS ..... LOOKED FOR WORK IN THE LAST 12 MONTHS?

109C. HAS ..... LOOKED FOR WORK SINCE ..... LAST WORKED IN ..... JOB?

- Yes 1
- No *(Go to Q.111)* 2

110. HOW MANY WEEKS IS IT SINCE ..... LAST LOOKED FOR WORK?

No. of weeks *(Go to Q.112A)* . . . . . [ ][ ]

111. *Sequence Guide*

- *If '2' or '3' in Q.102, go to Q.112B* 1
- *If Q.79 answered, go to Q.112D* 2
- *Otherwise, go to Q.112C* . . . 3

112A. WHAT HAS BEEN ..... MAIN ACTIVITY IN THESE *(Weeks in Q.110)* WEEKS?

112B. WHAT HAS BEEN ..... MAIN ACTIVITY SINCE LEAVING THAT JOB?

112C. WHAT HAS BEEN ..... MAIN ACTIVITY IN THE LAST 12 MONTHS?

112D. WHAT HAS BEEN ..... MAIN ACTIVITY SINCE ..... LAST WORKED IN ..... JOB?

- Housewife/home duties . . . 01
- Study/went to school/tech/university 02
- Retired/voluntarily inactive . . . 03
- Unpaid leave 04
- Own illness/injury 05
- Own disability/handicap . . . 06
- Looking after ill/disabled person 07
- Travel/moving house . . . 08
- Worked in unpaid voluntary job 09
- Other *(Specify)* .....
  .....
  10

113. *Go to Q.114*

114. *Sequence Guide*

- *If SD or VIS to PD, no more questions* . . . . . ☐ 1
- *If still attending school (code '1111' in Q.8), no more questions* . . . . . ☐ 2
- *If married male, go to Q.119* ☐ 3
- *If married female, go to Q.115* ☐ 4
- *If aged 15-25, go to Q.116* . . ☐ 5
- *Otherwise, go to Q.119* . . ☐ 6

115. *Sequence Guide*

- *If husband is in on scope and coverage, go to Q.145* . . ☐ 1
- *Otherwise, go to Q.119* . . ☐ 2

116. IS ..... CURRENTLY TAKING ANY COURSE OF STUDY AT A SCHOOL OR ANY OTHER EDUCATIONAL INSTITUTION?

Yes . . . . . ☐ 1

No *(Go to Q.119)* . . . . ☐ 2

117. IS ..... DOING THIS COURSE FULL-TIME OR PART-TIME?

Full-time . . . . . ☐ 1

Part-time *(Go to Q.119)* . . ☐ 2

118. *Sequence Guide*

- *If person has child/children, go to Q.119* . . . . . ☐ 1
- *Otherwise, go to Q.145* . . ☐ 2

119. THE NEXT FEW QUESTIONS ARE ABOUT ..... PRIVATE HEALTH INSURANCE ARRANGEMENTS.

120. APART FROM MEDICARE, DOES ..... CURRENTLY HAVE PRIVATE HEALTH INSURANCE?

Yes . . . . . ☐ 1

No *(Go to Q.132)* . . . . ☐ 2

121. WHAT ARE THE REASONS ..... HAS PRIVATE HEALTH INSURANCE?

Choice of doctor . . . . *(a)* ☐ 1

Allows use of private hospital . . . . . *(b)* ☐ 2

Allows choice of accommodation in public hospital . . . . . *(c)* ☐ 3

Always had cover/unsure of cover since Medicare . . *(d)* ☐ 4

Other . . . . . *(e)* ☐ 5

122. DOES ..... BELONG TO MORE THAN ONE HEALTH INSURANCE ORGANISATION?

Yes *(Go to Q.123A)* . . . . ☐ 1

No *(Go to Q.123B)* . . . . ☐ 2

123A. WHAT ARE THE NAMES OF THE HEALTH INSURANCE ORGANISATIONS ..... BELONGS TO?

123B. WHAT IS THE NAME OF THE HEALTH INSURANCE ORGANISATION ..... BELONGS TO?

Book(s) produced *(Go to Q.131)* . . . . . ☐ 1

Don't know . . . . . ☐ 2

Name(s) *(Specify)*

.....

.....

..... ☐ 3

124. IS THIS INSURANCE AT SINGLE OR FAMILY RATES?

Single . . . . . ☐ 1

Family . . . . . ☐ 2

Other arrangements . . . . ☐ 3

125. DOES ..... PRIVATE HEALTH INSURANCE COVER ..... FOR HOSPITAL EXPENSES?

Yes . . . . . ☐ 1

No *(Go to Q.128)* . . . . ☐ 2

Don't know *(Go to Q.127)* . . ☐ 3

Book produced *(Go to Q.131)* ☐ 4

126. IS THIS INSURANCE AT THE BASIC LEVEL OF THE PRIVATE HEALTH FUND OR IS ..... INSURED AT A HIGHER LEVEL OF HOSPITAL COVER?

Basic Cover . . . . . ☐ 1

Higher Cover . . . . . ☐ 2

Don't know . . . . . ☐ 3

Other . . . . . ☐ 4

Book produced *(Go to Q.131)* ☐ 5

127. IS ..... INSURED FOR ANY OTHER EXPENSES APART FROM HOSPITAL EXPENSES?

Yes . . . . . ☐ 1

No *(Go to Q.129)* . . . . ☐ 2

Don't know *(Go to Q.130)* . . ☐ 3

Book produced *(Go to Q.131)* ☐ 4

128. DOES ..... INSURANCE COVER:—

DENTAL EXPENSES . . *(a)* ☐ 1

PHARMACEUTICAL EXPENSES . . . . *(b)* ☐ 2

CHIROPRACTIC EXPENSES . . . . *(c)* ☐ 3

PHYSIOTHERAPY . . *(d)* ☐ 4

GLASSES . . . . . *(e)* ☐ 5

AMBULANCE EXPENSES . . . . *(f)* ☐ 6

ACUPUNCTURE . . . . *(g)* ☐ 7

ANY OTHER EXPENSES

Specify .....

.....

..... *(h)* ☐ 8

Interviewer: If none of codes 1-8 ticked then tick code 9.

Don't know . . . . . *(j)* ☐ 9

129. *Sequence Guide*

- *If 'don't know' in Q.123, Q.125 or Q.126, go to Q.130* ☐ 1
- *Otherwise, go to Q.132* . . ☐ 2

130. DO YOU HAVE THE MEMBERSHIP BOOK SO THAT I CAN RECORD THE NAME OF THE TABLE ..... IS COVERED BY?

Book produced . . . . . ☐ 1

Book not available *(Go to Q.132)* . . . . . ☐ 2

131. *Interviewer:*

COMPANY .....

.....

TABLE .....

.....

Enter code during editing ☐☐

132. *Sequence Guide*

. *If married and spouse listed on HF, go to Q.133A* . . ☐ 1

. *Otherwise, go to Q.133B* . . ☐ 2

133A. *Show BLUE prompt card:—*

DOES ..... OR *(Name of spouse)* RECEIVE ANY OF THE GOVERNMENT PENSIONS OR ALLOWANCES SHOWN ON THIS CARD?

133B. DOES ..... RECEIVE ANY OF THE GOVERNMENT PENSIONS OR ALLOWANCES SHOWN ON THIS CARD?

Yes . . . . . ☐ 1

No *(Go to Q.136)* . . . . ☐ 2

Don't know *(Go to Q.136)* . . ☐ 3

134. WHICH BENEFITS OR ALLOWANCES DOES ..... (OR *(Name of spouse)*) RECEIVE?

Unemployment benefit . . *(a)* ☐ 01

Sickness benefit . . . . *(b)* ☐ 02

Special benefit . . . . *(c)* ☐ 03

Age pension . . . . . *(d)* ☐ 04

Invalid pension . . . . *(e)* ☐ 05

Widow's pension . . . . *(f)* ☐ 06

Supporting Parent's benefit *(g)* ☐ 07

TEAS . . . . . *(h)* ☐ 08

Service pension . . . . *(j)* ☐ 09

War Widow's pension . . *(k)* ☐ 10

Repat./Disability pension *(m)* ☐ 11

Interviewer: Do NOT include family allowance/child endowment or superannuation. Recode Q.133 if necessary.

Other . . . . . *(n)* ☐ 12

135. DOES THIS *(benefit(s) in Q.134)* MAKE UP MORE THAN HALF OF ..... (AND *(Name of spouse)*) INCOME?

Yes . . . . . ☐ 1

No. . . . . ☐ 2

Don't know . . . . . ☐ 3

136. *Sequence Guide*

. *If married and spouse listed on HF, go to Q.137A* . . ☐ 1

. *Otherwise, go to Q.137B* . . ☐ 2

137A. THE NEXT QUESTION IS ABOUT THE COMBINED WEEKLY INCOME OF ..... AND *(Name of spouse)*.

Show YELLOW Prompt Card:—

IN WHICH OF THESE GROUPS IS (THEIR/YOUR) COMBINED TOTAL WEEKLY INCOME FROM ALL SOURCES BEFORE TAX OR ANYTHING ELSE IS TAKEN OUT?

137B. *Show YELLOW Prompt Card:—*

IN WHICH OF THESE GROUPS IS ..... TOTAL WEEKLY INCOME FROM ALL SOURCES BEFORE TAX OR ANYTHING ELSE IS TAKEN OUT?

Group . . . . . ☐☐

Don't know . . . . ☐ 99

138. *Sequence Guide*

. *If aged 45 years or more, go to Q.139* . . . . . ☐ 1

. *Otherwise, go to Q.141* . . ☐ 2

139. DOES ..... HAVE A PERSONAL TREATMENT ENTITLEMENT CARD FROM THE DEPARTMENT OF VETERAN'S AFFAIRS OR REPATRIATION?

Yes . . . . . ☐ 1

No *(Go to Q.141)* . . . . ☐ 2

Don't know *(Go to Q.141)* . . ☐ 3

140. DID ..... USE ..... REPATRIATION ENTITLEMENT LAST TIME ..... VISITED A DOCTOR OR SPECIALIST?

Yes . . . . . ☐ 1

No. . . . . ☐ 2

Don't know . . . . . ☐ 3

141. DOES ..... HAVE ANY (OTHER) HEALTH CONCESSION CARD FROM THE GOVERNMENT WHICH ENTITLES ..... TO FREE MEDICAL CARE?

Yes . . . . . ☐ 1

No. . . . . ☐ 2

Don't know . . . . . ☐ 3

142. *Sequence Guide*

. *If year of arrival is '85' or '86' in Q.7, go to Q.143* 1

. *Otherwise, go to Q.144* . . 2

143. IN WHAT MONTH DID ..... ARRIVE IN AUSTRALIA?

Jan.-Aug. 85 1

Sept. 85 2

Oct. 85 3

Nov. 85 4

Dec. 85 5

Jan. 86 6

Feb. 86 7

Mar. 86 8

144. *Interviewer:*

Code number of children 15-25 years at full-time education.

None 9

Number aged 15-25 . . . .

145. *Sequence Guide*

. *If this is questionnaire of lowest person number in on scope and coverage, go to Q.146* 1

. *Otherwise, no more questions* 2

146. DOES THIS HOUSEHOLD HAVE A TELEPHONE CONNECTED?

Yes *(No more questions)* . . 1

No. 2

147. WHAT IS THE MAIN REASON THIS HOUSEHOLD DOESN'T HAVE A TELEPHONE CONNECTED?

Cost/too expensive 1

Has use of phone elsewhere . . 2

Don't need one 3

Waiting for phone to be connected 4

Rented/short term accommodation. 5

Other *(Specify)* .....

.....

..... 6

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